

Contributory Group Life Insurance Application and Deduction Authorization

Information About You — Please print all information using black ink. Do not erase or make any corrections, use a new form.				
Name (Last, First, MI)	Social Security No.	SRS Hire Date		
Company	Position <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Pensioner			
Change Name From (Full Former Name)	Site Location	Site Telephone No.		
<p>1. Non-Contributory Life Insurance Employer-Paid = (1X) your life insurance pay.</p> <p>2. Non-Contributory Occupational Accidental Death (AD and D) Employer-Paid = (3X) your life insurance pay.</p>				
<p>3. Contributory Life Insurance (Complete OSR 5-334, Statement of Physical Condition) For rates see Employee Benefit Handbook. (Supplemental Life)</p> <p> <input type="radio"/> 1X Life Insurance Pay <input type="radio"/> 2X Life Insurance Pay <input type="radio"/> 3X Life Insurance Pay <input type="radio"/> I Do Not Wish to Enroll <input type="radio"/> Cancel my Contributory Life Insurance </p>				
<p>4. Contributory Accidental Death and Dismemberment-Family Option (Dependent AD and D) You may elect any amount from \$10,000 for your spouse and \$2,000 for each of your children (1 Unit) up to \$100,000 for your spouse and \$20,000 for each child (10 Units).</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 1 Unit (\$10,000 Spouse/\$2,000 Each Child) <input type="radio"/> 2 Units (\$20,000 Spouse/\$4,000 Each Child) <input type="radio"/> 3 Units (\$30,000 Spouse/\$6,000 Each Child) <input type="radio"/> 4 Units (\$40,000 Spouse/\$8,000 Each Child) <input type="radio"/> 5 Units (\$50,000 Spouse/\$10,000 Each Child) <input type="radio"/> 6 Units (\$60,000 Spouse/\$12,000 Each Child) </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 7 Units (\$70,000 Spouse/\$14,000 Each Child) <input type="radio"/> 8 Units (\$80,000 Spouse/\$16,000 Each Child) <input type="radio"/> 9 Units (\$90,000 Spouse/\$18,000 Each Child) <input type="radio"/> 10 Units (\$100,000 Spouse/\$20,000 Each Child) <input type="radio"/> I Do Not Wish to Enroll <input type="radio"/> Cancel my Family Accidental Death and Dismemberment </td> </tr> </table>			<input type="radio"/> 1 Unit (\$10,000 Spouse/\$2,000 Each Child) <input type="radio"/> 2 Units (\$20,000 Spouse/\$4,000 Each Child) <input type="radio"/> 3 Units (\$30,000 Spouse/\$6,000 Each Child) <input type="radio"/> 4 Units (\$40,000 Spouse/\$8,000 Each Child) <input type="radio"/> 5 Units (\$50,000 Spouse/\$10,000 Each Child) <input type="radio"/> 6 Units (\$60,000 Spouse/\$12,000 Each Child)	<input type="radio"/> 7 Units (\$70,000 Spouse/\$14,000 Each Child) <input type="radio"/> 8 Units (\$80,000 Spouse/\$16,000 Each Child) <input type="radio"/> 9 Units (\$90,000 Spouse/\$18,000 Each Child) <input type="radio"/> 10 Units (\$100,000 Spouse/\$20,000 Each Child) <input type="radio"/> I Do Not Wish to Enroll <input type="radio"/> Cancel my Family Accidental Death and Dismemberment
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<p>5. Contributory Dependent Life Insurance (Complete OSR 5-334, Statement of Physical Condition)</p> <p> <input type="radio"/> \$5,000 Spouse/\$1,000 Each Child <input type="radio"/> \$10,000 Spouse/\$2,000 Each Child <input type="radio"/> I Do Not Wish to Enroll <input type="radio"/> Cancel my Dependent Life Insurance </p> <p style="text-align: right;">If enrollment is due to marriage, Date of Marriage _____</p>				
<p>6. Contributory Accidental Death and Dismemberment-Employee Option (Supplemental AD and D)</p> <p> <input type="radio"/> \$ _____ (Elect any amount from \$10,000 to \$300,000 in increments of \$10,000.) <input type="radio"/> I Do Not Wish to Enroll <input type="radio"/> Cancel my Employee Accidental Death and Dismemberment </p>				
<p>I hereby apply for Contributory Group Life and Accident Insurance in the amounts checked above under the Savannah River Nuclear Solutions Plan(s) and authorize the deduction of the premiums charged under the plan(s) from my wages, salary, or pension.</p>				
Employee Signature	For Company Use Only			
	Received By	Date Received		
Date	Processed By	Date Processed		

